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Receipt DMJ  
8-7201

Attorney Docket No. 16778-704

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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AUG 15 2001

TECH CENTER 1600/2900

Inventor: Hill, et al. )  
Serial Number: 09/707,730 )  
Filing Date: November 6, 2000 )  
Title COMPOUNDS FOR INTRACELLULAR )  
DELIVERY OF THERAPEUTIC )  
MOIETIES TO NERVE CELLS )

Group Art Unit: 1635

Examiner: Not Yet Assigned

Assistant Commissioner for Patents  
Washington, D.C. 20231

**REQUEST FOR CORRECTED FILING RECEIPT**

Sir:

There are errors with respect to the following, which are omitted, or misspelled:

***Error in***

***Correct data***

Applicant(s) names

Applicant(s) addresses

Priority Information

***THIS APPLICATION IS A CIP OF 09/217,037 12/21/1998***

Entity Status

Issuance of a corrected Filing Receipt is respectfully requested.

Applicant feels that this was an error on the part of the U.S. Patent Office and that no fees should be required. However, the Commissioner is authorized to charge any other fees associated with this communication to Deposit Account 23-2415 (Attorney Docket No. 16778-704).

Respectfully submitted,

Dated: April 6, 2001 By: David J. Weitz  
David J. Weitz, Reg. No. 38,362

WILSON SONSINI GOODRICH & ROSATI  
650 Page Mill Road  
Palo Alto, CA 94304-1505  
(650)493-9300



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/707,730	11/06/2000	1635	456	16778-704		24	3

021971  
WILSON SONSINI GOODRICH & ROSATI  
650 PAGE MILL ROAD  
PALO ALTO, CA 943041050

**FILING RECEIPT**



\*OC000000005900207\*

DA  
**DOCKETED**

Date Mailed: 03/26/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Craig Hill, Stockton, CA ;  
Stephen B. Kahl, Portola Valley, CA ;  
Robert R. Webb, Moss Beach, CA ;  
Constance A. McKee, Woodside, CA ;

**Continuing Data as Claimed by Applicant**

THIS APPLICATION IS A ~~CON~~ OF 09/217,037 12/21/1998  
CIP

**Foreign Applications**

If Required, Foreign Filing License Granted 01/19/2001

**\*\* SMALL ENTITY \*\***

**Title**

Compounds for intracellular delivery of therapeutic moieties to nerve cells

**Preliminary Class**

514

Data entry by : JACKSON, MINNIE

Team : OIPE

Date: 03/26/2001





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Bib Data Sheet

CONFIRMATION NO. 8812

<b>SERIAL NUMBER</b> 09/707,730	<b>FILING DATE</b> 11/06/2000 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> 16778-704
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## APPLICANTS

Craig Hill, Stockton, CA;  
Stephen B. Kahl, Portola Valley, CA;  
Robert R. Webb, Moss Beach, CA;  
Constance A. McKee, Woodside, CA;

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AUG 15 2001

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## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CIP OF 09/217,037 12/21/1998

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 01/19/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

21971

## TITLE

Compounds for intracellular delivery of therapeutic moieties to nerve cells

<b>FILING FEE RECEIVED</b> 456	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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